



## Initial Enquiry Form

Thank you for your interest in renting an Access 2 Place (A2P) home. A2P is a small community housing provider that only provides housing for people living with disability. This initial inquiry form helps us assess if you meet the basic A2P eligibility criteria and if your registration of interest can progress to a formal application. The formal application process can take significant time and can result in disappointment if applicants don't meet the basic eligibility criteria to begin with.

Please answer all of the following questions and return to A2P by email at [info@access2place.com.au](mailto:info@access2place.com.au). If we think we can help you with housing, we will then send you a full application pack.

**Applicants full name:** \_\_\_\_\_

**Contact number:** \_\_\_\_\_

**Contact email:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Centrelink Reference Number:** \_\_\_\_\_

**Support Coordinator details:** \_\_\_\_\_

1. Do you or a member of your household live with a permanent disability? YES / NO
2. Who in the household requires disability-specific housing? \_\_\_\_\_
3. Does this person have a current NDIS plan with SDA funding? YES / NO / APPLIED FOR / UNSURE
4. Are you currently registered for Community Housing? YES / NO / UNSURE
5. What type of SDA/high needs accommodation do you require? *If you tick any of the below, please provide details.*

- Basic \_\_\_\_\_
- Improved Liveability \_\_\_\_\_
- Fully Accessible \_\_\_\_\_
- High Physical Support \_\_\_\_\_
- Robust \_\_\_\_\_

6. Where would you like to live?

1<sup>st</sup> choice: \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_ 3<sup>rd</sup> choice \_\_\_\_\_

- North \_\_\_\_\_
- East \_\_\_\_\_
- South \_\_\_\_\_
- West \_\_\_\_\_
- Adelaide City \_\_\_\_\_
- Regional \_\_\_\_\_



7. Do you want to live in Shared Supported Accommodation? YES / NO
8. Do you want to live by yourself? YES / NO
9. How many bedroom/s do you require? If you are a sole applicant and require more than 1 bedroom, please tell us why:

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10. How many people will be living with you? Please provide full names and ages (or birth dates) for all:

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11. Does a property need to have specific features to meet your needs? If so, please provide details:

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12. What (if any) support/s do you have in your day to day living to assist you? Please provide details:

Name of Supporting Agency / Organisation (if applicable): \_\_\_\_\_

How frequently do you receive this support: \_\_\_\_\_

What type of tasks do your supports assist you with: \_\_\_\_\_

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13. Will any household members require life support equipment? YES / NO

If yes, what type of equipment? Is this equipment registered with an energy supplier (which one)?

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I confirm the information I have provided above is true and correct to the best of my knowledge.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_